

## POSTRETIREMENT EMPLOYMENT CERTIFICATION

Employees' Retirement System  
P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150  
(334) 832-4140 or 1-800-214-2158  
Web site: [www.rsa.state.al.us](http://www.rsa.state.al.us)

### PART I MEMBER INFORMATION

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Name: \_\_\_\_\_  
First Middle/Maiden Last

Social Security Number: \_\_\_\_\_ - -

### PART II EMPLOYMENT INFORMATION

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In compliance with your notice regarding postretirement employment of a retired member, the following information is provided on the above-referenced retiree:

☐ ERS retiree employed with an ERS or TRS agency in a permanent full-time position eligible for retirement coverage effective \_\_\_\_\_.  
Month Day Year

☐ ERS retiree employed with an ERS or TRS agency effective \_\_\_\_\_.  
Month Day Year  
and has exceeded the calendar year/monthly earnings limitation of \$\_\_\_\_\_ on  
\_\_\_\_\_.  
Month Day Year

☐ ERS disability retirees' earnings exceeded the difference between his/her average final salary and annual retirement benefit effective \_\_\_\_\_.  
Month Day Year

☐ Other (please specify): \_\_\_\_\_  
\_\_\_\_\_

### PART III EMPLOYMENT CERTIFICATION

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I, the undersigned, do hereby certify that the information above is true and correct.

Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Phone: (\_\_\_\_) \_\_\_\_\_

Agency: \_\_\_\_\_